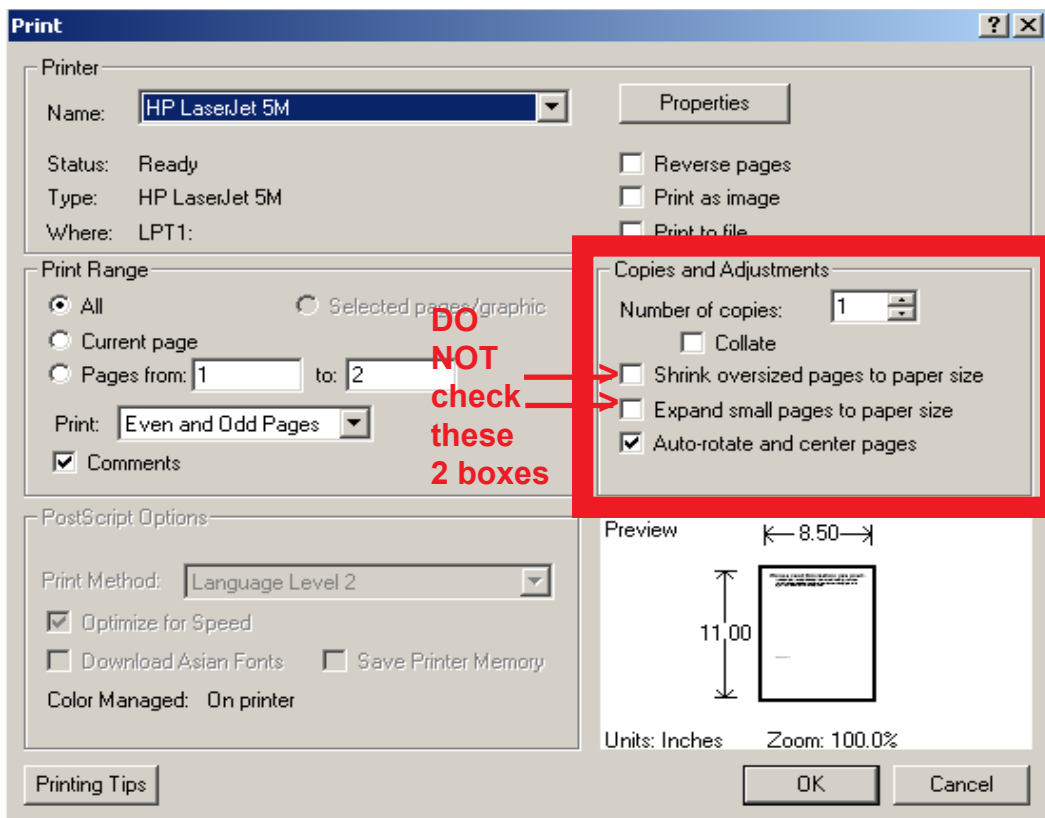


Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box “Auto-rotate and center pages.” Do **not** check the Shrink or Expand boxes.



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Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099

A. Contents:

Physical Therapy Application Packet

1. 664-040 ... Contents List/SSN Information/Deposit Slip 1 page
2. 664-037 ... Physical Therapy Application Instructions and Checklist 4 pages
3. 664-002 ... Application for Physical Therapist..... 4 pages
4. 664-034 ... Washington State Board of Physical Therapy Jurisprudence Exam..... 1 page
5. 664-038 ... Physical Therapy Interim Permit Checklist, RCW—WAC Interim Permits,
Interim Permit Form, Sponsor Form 2 pages
6. FSBPT Score Transfer Service Instructions and Application 2 pages
7. 664-039 ... Employment Verification for Physical Therapy Applicants 1 page
8. 664-043 ... Affidavit of Education and Training in Sharp Instrument Debridement, Including the
Use of a Scalpel..... 1 page

B. Important Social Security Number Information:

- * Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your application fee is not refundable.
- * Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099.**



Cut along this line and return the form below with your completed application and fees.



Physical Therapist

DEPOSIT SLIP

NAME (Please Print)

Revenue Section
P.O. Box 1099
Olympia, Washington 98507-1099

DATE

Please note amount enclosed, and return
with your application.

\$

- ☐ Check
☐ Money Order

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Physical Therapy Application Instructions and Checklist

Licensure requirements are subject to change. You will be held to the standards in place at the time your application is received. You are urged to submit this application promptly.

Applications and supporting documents are held for ONE YEAR ONLY from the date of receipt. Applicants who have not obtained licensure within one year must reapply—including payment of the *non-refundable* application fee and re-submission of all supporting documents.

Approximately two weeks after your application has been received by the Department of Health, you will be sent an acknowledgment letter noting any outstanding documents needed to complete the process. **This is the only notice you will receive while your application is pending. Please refer to the processing times noted below before contacting our office to determine the status of your application.**

When an update is available, it will be given to the applicant only. We cannot disclose information regarding pending applications to employers. If you have accepted employment as a physical therapist, we advise you to inform your employer of the *approximate* processing times listed below. These timelines reflect the overall time it takes to process a license and includes the time it usually takes for your supporting documents to arrive.

Interstate endorsement applicants..... Allow 6-8 weeks

Examination applicants..... Allow 6-8 weeks

*Interim permit applicants..... Allow 4-6 weeks

Internationally educated applicants Allow 10-12 weeks

Note: The above processing times are estimates and are determined when required documentation is received. Once all required documents are received, it may take up to 14 days for your license to be issued.

- * An interim Permit is available only to graduates who are awaiting the National Physical Therapy Examination (NPTE) through The Federation of State Boards of Physical Therapy (FSBPT) and have graduated from an approved program. Please refer to RCW 18.74.075 and WAC 246-915-078.

According to RCW 18.74.090 you may not provide services as a physical therapist until you receive your Washington physical therapy *license* or *interim permit*.

****Special Note To Examination Applicants****

- Contact FSBPT for examination registration and instructions at www.fsbpt.org, (703) 739-9420, or email at examregistration@fsbpt.org.
- Testing dates are ongoing.
- Applicants who do not pass the examination after two attempts must obtain additional clinical training and/or coursework that has been approved by the Board before being permitted two additional attempts.

Washington State Law and Department of Health policy prohibits employees from receiving any gifts, gratuities and/or favors. Any offer of private benefit to an employee that is intended to influence a public decision is bribery and violates Federal and State law [RCW 42.18.320(2)].

Retain these Instructions For Future Reference

To ensure that the necessary fees and documentation have been submitted, we encourage you to use the following

Application Checklist:

- ☐ **\$100 non-refundable application fee.** (all applicants) Make your check payable to the Department of Health. Please mail your initial application and fee to the Department of Health, PO Box 1099, Olympia WA 98507-1099.
- ☐ **Completed application** (all applicants) including a current **signed & dated** photograph. Attach the photo to the front page of the application where indicated. The photograph must be an original, not a photocopy, no larger than 2" x 2", taken within one year of application, close up front view—not profile. Instant Polaroid photographs are **not** acceptable.
- ☐ **Demographic Information.** (all applicants) Be sure to include your social security number, birth date and place of birth. Washington residents need to include the county in their address.
- ☐ **Previous Licensure.** (interstate endorsement/foreign trained applicants) You will need to list every state/jurisdiction where you have ever been licensed or been authorized to practice as a health care practitioner and have them all send verification directly to our office. Write the official title of your license/registration under license type.
- ☐ **Personal Data.** (all applicants) Be sure to answer all questions. Provide documentation and letter of explanation for all "yes" answers.
- ☐ **Professional Training.** (all applicants) Be sure to list all education pertaining to the practice of physical therapy. It is only necessary to have the school where you obtained your physical therapy degree submit a transcript.
- ☐ **Employment.** (interstate endorsement/foreign trained applicants) Be sure to account for **ALL** periods of time since graduation, even if you were on vacation or unemployed. New graduates do not need to verify non-physical therapy employment.
- ☐ **AIDS Education and Training Attestation.** (all applicants) Before you can be licensed, you must attest on the enclosed application that you have completed seven (7) hours of AIDS education as defined in WAC 246-12-270. It is possible that you received the required HIV/AIDS training during your physical therapy program. It is your responsibility to obtain coursework that meets Washington requirements. To locate available courses, contact potential employers, community colleges, professional associations, local health departments, hospitals or at http://www.doh.wa.gov/CFH/HIV_AIDS/Prev_Edu/training.htm. If you do not have the required education, do not sign the attestation. You can submit your application first and then submit a certificate of completion at a later date.
- ☐ **Applicant's Attestation.** (all applicants) Be sure to read and sign this section of the application.
- ☐ **Jurisprudence Exam.** (all applicants) Study the Washington State PT practice laws and circle the correct response to each question. Current laws can be located at https://www2.wa.gov/doh/hpqa-licensing/hps3/Physical_Therapy/laws.htm.
- ☐ **Interim permit** (interim permit applicants) If you are graduating from a program that is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), you may qualify for an interim permit to practice as a Graduate Physical Therapist. You and your supervising physical therapist must complete and submit the attached Interim Permit/Sponsor Form. If your transcript, with degree posted, is not yet available, a letter from your program director verifying graduation may be substituted. You must also have satisfied the HIV/AIDS education requirement to be eligible. You may submit your application prior to obtaining employment. Keep the Interim Permit/Sponsor Form and send it once it is completed. We recommend that you make a copy of this form for your records. Many new graduates find that they need more than one supervising physical therapist, which is acceptable.

Retain these Instructions For Future Reference

All of the following documents must come directly from the issuing source and will not be accepted if they come from you or pass through you on the way to us. Documents that arrive prior to your application will be held for one year from the date of receipt.

- ☐ **Official transcript.** (all applicants) Your transcript must indicate the degree and date conferred and must be sent directly from your school to the Board of Physical Therapy.
- ☐ **Letter from your school.** (examination/interim permit applicants) If you are an exam applicant and your transcripts are not yet available, you will be permitted to take the examination upon completion of required documents and submission of a letter from your program director verifying requirements have been met to receive a degree in physical therapy. However, a license will not be issued to you until an official transcript indicating degree and date conferred has been received.
- ☐ **Credential evaluation.** (foreign trained applicants) If you are foreign-trained or graduated from a program that was not accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), you must have your transcripts evaluated by a credential evaluation service. **The Board requires an evaluation even if you are currently licensed in other states.** You may not substitute an evaluation completed by another agency. The credential evaluation must be sent from the credential evaluation service directly to Board of Physical Therapy.

The Washington State Board of Physical Therapy recognizes the following credential evaluation services for the purpose of authenticating documents and providing credential evaluation reports directly to the Board. The Board requires each credential evaluation service to complete the FCCPT Coursework Evaluation Tool.

International Credentialing Associates, Inc. (ICA)
7245 Bryan Dairy Road
Largo, FL 33777
1-727-549-8555 FAX 1-727-549-8554

Foreign Credentialing Commission on Physical Therapy, Inc. (FCCPT)*
511 Wythe Street
Alexandria, VA 22314-1917
1-800-881-1430

* This evaluation service is ONLY accepted if the evaluation was completed after March 21, 2006.

International Consultants of Delaware, Inc. (ICD)**
PO Box 8629
Philadelphia, PA 19191-8629
1-215-349-6023

** This evaluation service is ONLY accepted if the evaluation was completed after March 21, 2006.

International Education Research Foundation (IERF)***
PO Box 3665
Culver City, CA 90231-3665
1-310-258-9451

***This evaluation service is ONLY accepted if the evaluation was completed after March 21, 2006.

The cost of the evaluation is your responsibility. As such, it is in your best interest to be certain that all information you wish to have reviewed by ICA reaches their office before they complete their evaluation. There are additional charges for materials you wish to have reviewed once the initial evaluation is complete. Therefore, please make sure that the information they receive from your school accurately reflects your educational program.

- ☐ **National exam scores** (interstate endorsement/foreign trained applicants) If you previously sat for the national examination, you must request that your scores be sent/transferred directly to the Board of Physical Therapy. Online requests and downloadable forms are available at www.fsbpt.org. Please refer to WAC 246-915-030 for information on Washington's passing exam scores.

Retain these Instructions For Future Reference

- ☐ **Verification of licenses** (interstate endorsement/foreign trained applicants) If you are licensed in other states/jurisdictions, U.S. or foreign, you will need to have written verification of licensure sent directly to the Board of Physical Therapy from all state/jurisdictions where you have ever held a health care practitioner license/registration. **Foreign-trained applicants are required to verify license or authorization to practice from the country in which they were educated, even if they are currently licensed in other states. Verifications will only be accepted if mailed to this office from the states/jurisdiction office(s).** License copies are not acceptable in lieu of license verifications.
- ☐ **Employment verification for the past two (2) years or since graduation if employed less than five years** (interstate endorsement/foreign trained applicants). The attached form may be copied. You must have written verification of your employment for the past two years **sent directly from your employer(s)** to the Board of Physical Therapy. If you were self-employed, your accountant or the person responsible for your business's books, should complete the employment verification. The verification must then come directly from them to our office.
- ☐ **Verification of TOEFL and TSE** (foreign trained applicants) If your school of training was located in a country where English is not the official language, or was not an English-speaking school, the Board requires written verification of having passed the Test of English as a Foreign Language (TOEFL) with a minimum score of 560 (written exam)

OR

a minimum score of 20 (computerized exam)

AND

the Test of Spoken English (TSE) with a minimum score of 50 sent directly to the Board of Physical Therapy.

OR

TOEFL Internet-Based Test (IBT) with a minimum score of 89.

If you wish to be scheduled for these examinations or if you wish to have verification of your scores sent to this office, contact the TOEFL/TSE Registration Office at P.O. Box 6152, Princeton, NJ 08541-6152 or call (609) 771-7100. The "TOEFL code" for Washington State is **9783**.

Please have all supporting documents, correspondence and test scores sent to:

Board of Physical Therapy
P.O. Box 47867
Olympia, WA 98504-7867

Please send completed application with \$100.00 application fee to:

Board of Physical Therapy
P.O. Box 1099
Olympia, WA 98507-1099

Customer Service can be contacted at (360) 236-4700.

The Board of Physical Therapy fax number is: (360) 664-9077.

Most applicant questions can be answered on our website at: www.doh.wa.gov.



Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099

FOR OFFICE USE ONLY

VALIDATION DATE:

REC'D. DATE:

ISSUANCE DATE:

CREDENTIAL #

Application For Physical Therapist

Application for: ☐ Examination
☐ Examination and Interim Permit
☐ Interstate Endorsement (I am licensed in another state.)
☐ Transfer of National Board Scores (I have taken the exam but was never licensed.)

Please Type or Print Clearly—Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application. All applications must be accompanied by the applicable, nonrefundable fee. Make remittance payable to the Department of Health. Applications and support documents are held for **one year only** from the date of receipt. Applicants who have not obtained licensure within **one year** of having made application to the Department of Health must reapply—including payment of the non-refundable application fee and resubmission of all supporting documents.

1. Demographic Information

APPLICANT'S NAME		LAST	FIRST	MIDDLE INITIAL
MAILING ADDRESS				
CITY		STATE	ZIP	COUNTY
TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.) ()		RESIDENCE TELEPHONE ()		SOCIAL SECURITY NUMBER (Required for license under 42 USC 666 and Chapter 26.23 RCW) — — — — —
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTHDATE (MO/DAY/YR)		PLACE OF BIRTH (CITY/STATE)	
Have you ever taken the National Physical Therapist Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, list date(s) and location(s):				
Have you ever applied for a Washington license before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, list date(s):				
Have you ever been known by any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list:				

Attach Current Photograph Here.
Indicate Date Taken and Sign in Ink Across Bottom of the Photo.
NOTE: Photograph **Must** Be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view—not profile
5. Instant Polaroid Photographs **not** acceptable

2. Previous Licensure

List **all** states and/or jurisdictions, U.S. and foreign, in which you have any health care practitioner license. Please list all active, inactive, and expired licenses. Please list the license type. Request that the state and/or jurisdiction send official verification directly to this office.

☐ I have never been licensed/registered to practice physical therapy in any jurisdiction.

STATE/JURISDICTION	LICENSE TYPE	LICENSE		EXPIRATION DATE
		YEAR ISSUED	NUMBER	

3. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐
“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.
 1a. If you answered “yes” to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).
 1b. If you answered “yes” to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.
 (If you answered “yes” to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the ongoing treatment, and the factors in “1b” so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.)
 2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐
“Currently” means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.
“Chemical substances” includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.
 3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☐
 4. Are you currently engaged in the illegal use of controlled substances? ☐ ☐
“Currently” means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.
“Illegal use of controlled substances” means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.
- Note:** If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The Department does criminal background checks on all applicants.
5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:
 - a. the use or distribution of controlled substances or legend drugs? ☐ ☐
 - b. a charge of a sex offense? ☐ ☐
 - c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving) ☐ ☐
 6. Have you ever been found in any civil, administrative or criminal proceedings to have:
 - a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☐
 - b. committed any act involving moral turpitude, dishonesty or corruption? ☐ ☐
 - c. violated any state or federal law or rule regulating the practice of a health care professional? ☐ ☐
 7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, explain and provide copies of all judgments, decisions, and agreements. ☐ ☐
 8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? ☐ ☐
 9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession? ☐ ☐

4. Professional Training

In chronological order, list **all** professional education including college, university, technical or professional training pertaining to the practice of physical therapy.
Request your school or program to send an official transcript to this office.

FULL NAME OF APPROVED SCHOOL CITY, STATE AND COUNTRY	ATTENDANCE		DEGREE/CERTIFICATE & DATE RECEIVED
	ENTERED (MO/YR)	COMPLETED (MO/YR)	

5. Employment

Beginning with current employment, list **all** activities and account for all periods of time from graduation to the present time (attach additional information, if necessary). Employment within the past two years must be verified by your employer(s).

BEGIN DATE	END DATE	EMPLOYER/ACTIVITIES	ADDRESS/TELEPHONE NUMBER	TITLE

6. AIDS Education and Training Attestation

I certify I have completed the minimum of seven (7) hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and the psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked.

APPLICANT'S INITIALS	DATE

7. Applicant's Attestation

I, _____, certify that I am the person described and identified in
NAME OF APPLICANT

this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely, and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of Washington.

SIGNATURE OF APPLICANT

DATE

Official Use Only
Washington State Records Center

Washington State Board of Physical Therapy Jurisprudence Exam

Please circle the correct response

1. A physical therapist may provide treatment for the following conditions without a referral from an authorized healthcare practitioner:
 - a. neuromuscular or musculoskeletal
 - b. orthotic or prosthetic fitting of the lower extremity
 - c. cardiopulmonary
 - d. carcinogenic
2. As a licensed physical therapist you are required to:
 - a. release information regarding a patient's care to any of the patient's healthcare providers at their request.
 - b. have a referral from an authorized healthcare practitioner for all conditions.
 - c. recognize the need for continuing education and shall be open to new procedures and changes.
 - d. All of the above
3. One option of attaining continuing education hours is:
 - a. participation in a course relating to the practice of physical therapy, computers, business or finance.
 - b. reviewing books/articles related to the practice of physical therapy up to fifteen hours.
 - c. reviewing a cassette tape and/or video tape relating to the practice of physical therapy and writing a two-page synopsis for every 1-4 hours of running time.
 - d. All of the above
4. A physical therapist assistant may:
 - a. supervise a physical therapy aide.
 - b. adjust a treatment plan as he/she feels necessary.
 - c. perform discharge planning.
 - d. follow through with a treatment plan as developed by the physical therapist.
5. A physical therapy aide may work under what type of supervision?
 - a. where the physical therapist is available for telephone consultation
 - b. where the physical therapist is within visual and audible range of the treatment
 - c. where the physical therapist is not on the premises but is quickly and easily available
 - d. None of the above
6. A physical therapist may begin practice in Washington under which of the following conditions?
 - a. when you receive verification that a license or interim permit has been issued
 - b. once you receive confirmation that the Board has received your application
 - c. when you receive the license or interim permit
 - d. four to six weeks after applying
7. The Uniform Disciplinary Act is:
 - a. a statute (Revised Code of Washington)
 - b. a WAC (Washington Administrative Code)
 - c. a policy
 - d. a rule
8. You hold an interim permit and will be working under the sponsorship of a licensed physical therapist. In this setting, you are required to:
 - a. work under indirect supervision.
 - b. have your notes cosigned by the licensed physical therapist.
 - c. have the licensed physical therapist reevaluate your patients every fifth visit.
 - d. work in the capacity of a physical therapist assistant or physical therapy aide.
9. A physical therapist is responsible for the care provided by aides and assistants and may:
 - a. supervise no more than two supportive personnel at any one time.
 - b. supervise one PT assistant and two PT aides.
 - c. supervise as many PT aides and PT assistants as the supervising physical therapist deems appropriate, consistent with the delegated health care task.
 - d. supervise up to four supportive personnel.
10. A physical therapist licensed in another state applies for licensure in Washington; they must have which of the following:
 - a. credentials substantially equal to the requirements of Washington State.
 - b. pay the appropriate fee.
 - c. be of good moral character.
 - d. All of the above
11. To supervise physical therapy assistants, the physical therapist must:
 - a. develop a treatment plan and program including treatment goals.
 - b. assess the competence of supportive personnel.
 - c. reevaluate the needs of the patient and adjust the treatment plan.
 - d. All of the above
12. Direct supervision means:
 - a. the physical therapist has given instructions for the treatment of the patient.
 - b. the supervising physical therapist is on the premises and is quickly and easily available.
 - c. the physical therapist has examined the patient as acceptable physical therapy practice requires.
 - d. All of the above
13. You forgot to renew your license and now your birthday has passed. As soon as you are aware of this, you immediately send in your check. In the time between your birthday and receiving your license, can you practice physical therapy as specified in WAC 246-915-160 and WAC 246-12-040?
 - a. Yes
 - b. No

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Physical Therapy Interim Permit

Checklist and Sponsor Form

(allow 4-6 weeks for processing)

Interim permits are available to graduates of CAPTE approved physical therapy programs. Interim permits expire immediately upon notification of examination failure and are not renewable.

- ☐ Complete and submit an *Application for Physical Therapist*, along with a check for \$100 (application fee) made payable to the Department of Health to:

Department of Health
Board of Physical Therapy
P.O. Box 1099
Olympia, WA 98507-1099

- ☐ Complete and submit the attached *Interim Permit Sponsor Form*.
- ☐ Request that your school send an official transcript indicating degree and date conferred, or ask your program director to submit a letter verifying that requirements for a degree in physical therapy education have been met. Documents must be sent directly from the issuing institution to:

Department of Health
Board of Physical Therapy
P.O. Box 47867
Olympia, WA 98504-7867

- ☐ You may begin to work as a Graduate Physical Therapist only upon receipt of your interim permit.
- ☐ Post your interim permit in a conspicuous place at your place of employment.
- ☐ Wear identification that states your clinical title and role in the facility as a "Graduate Physical Therapist." A Washington State licensed physical therapist must be on the premises at all times to provide supervision.
- ☐ A physical therapy license will be issued to you upon receipt of a passing score on the physical therapy examination. Destroy your interim permit immediately and replace it with your license.
- ☐ Cease practice as a graduate physical therapist immediately upon notification of examination failure. Mail your interim permit to P.O. Box 47867, Olympia, WA 98504-7867.

Interim Permit Sponsor Form

To be completed by applicant and supervising physical therapist. Detach and return this page only to:

Department of Health
Board of Physical Therapy
P.O. Box 47867
Olympia, WA 98504-7867

Applicant's Full Name _____

Sponsoring Physical Therapist _____
(MUST HOLD A CURRENT WASHINGTON STATE PHYSICAL THERAPY LICENSE)

Sponsor's License Number _____

Sponsor's Telephone: work _____ home _____

Facility Name _____

Facility Mailing Address _____
STREET CITY STATE ZIP

Facility Telephone _____

Supervisor's Statement

I have read the attached RCW 18.74.075 and WAC 246-915-078 and understand that failure to adhere to these rules pertaining to my sponsoring the above-referenced new Graduate Physical Therapist could result in disciplinary action being taken against my physical therapy license.

SIGNATURE OF SPONSORING PHYSICAL THERAPIST

DATE

Applicant Statement

I have read the attached RCW 18.74.075 and WAC 246-915-078 and understand that failure to adhere to these rules pertaining to interim permits could result in the revocation of my interim permit and disciplinary action against any future Washington license I may hold.

SIGNATURE OF APPLICANT

DATE

FSBPT Score Transfer Service

Federation of State Boards of Physical Therapy

<https://www.fsbpt.net/pt>

Note: Omissions or errors will result in delays. Please follow the instructions.

General Information

The purpose of the FSBPT Score Transfer Service is to facilitate the endorsement of licenses from one state to another. In offering this service, FSBPT makes no guarantees that any licensing board will accept a score transfer in lieu of other state requirements for the purposes of licensure.

You may transfer your scores on the National Physical Therapy Examination any time after taking the examination. Your scores are automatically reported to the board in the state (jurisdiction) in which you are seeking licensure and which you paid to take the examination. There is a reporting fee only when you transfer your scores to other states (jurisdictions).

You may submit an application for the FSBPT Score Transfer Service on the Internet at <https://www.fsbpt.net/pt> (note the “s” after “http”). It can also be printed from Score Transfer Service web site or you can complete and mail this form. You may also request this application form from the board of the state (jurisdiction) in which you seek endorsement/licensure. You may reach the Score Transfer Service at 703-739-9420 or scoretransfer@fsbpt.org.

Candidate Information

You must provide your current name, social security number, the complete name under which you took the examination (if different from your current name), date of birth, current address, daytime telephone number, physical therapy school, and month and year graduated.

Examination Information

You must provide the date (month, day, year), of the examination, the state to which you applied and paid to take the examination, and your candidate ID number. For those who tested in 1997 and later, the candidate ID number would be the same as their Social Security Number. If you do not know the date of your examination or your candidate ID number, you may contact the board of the state to which you applied and which you paid to take the examination.

Transfer Information

The purpose of a score transfer is to transfer your score on a given examination from the jurisdiction that originally approved your registration to take the examination, to another jurisdiction in which you are seeking licensure.

The first time a score transfer is requested for a given examination date, the transfer fee is \$75.00. The fee for any subsequent requests for transfers of that score is \$50.00. If on your first request for a score transfer, you request transfers to multiple jurisdictions, the transfer to the first jurisdiction is \$75.00 and each additional jurisdiction is \$50.00. If you request transfers to multiple jurisdictions on subsequent requests, the fee is \$50.00 for each jurisdiction.

You may request expedited service for an additional \$10.00 for each licensing board to which you want your PT or PTA scores transferred. This fee is in addition to the transfer fee. Processing time is 2 business days after we receive your completed request form. (Note: There is no additional expedite fee if the request for transfer is made via our web site.)

If you would like to have a copy of your score report for your personal records, you may request an Individual Score Report. The fee for this service is \$50.00 per examination.

Payment Method

We accept credit cards (MasterCard/VISA only), certified check, cashier's check or money order made payable to Federation of State Boards of Physical Therapy. **Personal checks are not accepted. (When paying by credit card, a 3% processing fee will apply.)**

Processing Your Request

The FSBPT processes score transfer requests within 5 business days. If you choose to have your request expedited, it will be processed within 2 business days. Please note that score transfer requests cannot be processed unless all required information has been provided. If you submit your transfer request via the Internet, the request should be processed within 2 business days. First time score transfers for examinations prior to 1986 cannot be requested online.

Mail requests to: FSBPT Score Transfer Service
509 Wythe Street
Alexandria, VA 22314

Federation of State Boards of Physical Therapy

Score Transfer Request

Instructions on back of form.

For FSBPT Use Only

Date Received: _____

Date Processed: _____

Processed By: _____

Fee Charged: _____

CANDIDATE INFORMATION

Current Last Name	First Name	Middle Name	SSN or AIN
Name at time of Exam, if different		Other Names	Date of Birth
Current Address	City	State	Zip
Email	Work Telephone	Home Telephone	
School From Which Physical Therapy Degree Was Obtained		Graduation Date (month/year)	

EXAM INFORMATION

Type of Examination

☐ Physical Therapist ☐ Physical Therapist Assistant

Date of Examination _____

State that authorized examination

Candidate ID Number (SSN as of November, 1996)

TRANSFER INFORMATION

States* that scores are to be transferred to:

*If appropriate FCCPT may be entered.

	Fee	Expedited Fee	Subtotal
1st _____	<input type="checkbox"/> \$75	<input type="checkbox"/> \$10	\$ _____
2nd _____	<input type="checkbox"/> \$50	<input type="checkbox"/> \$10	\$ _____
3rd _____	<input type="checkbox"/> \$50	<input type="checkbox"/> \$10	\$ _____
Individual Score Report (Copy for personal records)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$10	\$ _____
		Total	\$ _____

PAYMENT METHOD

☐ Cashier's check ☐ Money order ☐ Certified check ☐ Corporate/business check **Personal checks are not accepted.**

Credit card: ☐ VISA ☐ MasterCard (When paying by credit card, a 3% processing fee will apply.)

| | | | | | | | | | | | | | | |

Credit Card Number

Expiration Date

Card Holder's Name (Printed)

Cardholder's Signature

I certify that the information, which I have provided above, is correct.

Signature

Date

Your request will not be processed without a signature.

MAIL TO

FSBPT Score Transfer Service, 500 Wythe Street, Alexandria, VA 22314

Rev. 2-04 FSBPT



Board of Physical Therapy
P.O. Box 47867
Olympia, WA 98504-7867

Employment Verification for Physical Therapy Applicants

To be completed by your supervisor or personnel manager and returned to the above address.

I certify that _____
NAME OF PHYSICAL THERAPIST

satisfactorily provided services at this facility in the capacity of a _____

during the time period from _____ to _____

and was supervised by _____
NAME OF SUPERVISING LICENSED PHYSICAL THERAPIST

Facility Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

NAME AND TITLE OF PERSON COMPLETING THIS FORM

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